

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005089 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 01/09/2015 |
| NAME OF PROVIDER OR SUPPLIER ST MARY'S MEDICAL CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750 | | |
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| S 000 | <p>INITIAL COMMENTS</p> <p>This visit was for a State complaint investigation.</p> <p>Complaint #IN00153127 Substantiated; State deficiency related to the allegations is cited and an unrelated deficiency is cited.</p> <p>Facility #: 005089</p> <p>Survey Dates: 1/8/15 and 1/9/15</p> <p>Surveyor: Trisha Goodwin, RN BS Public Health Nurse Surveyor</p> <p>QA: 02/10/15</p> | S 000 | | |
| S 322 | <p>410 IAC 15-1.4-1 GOVERNING BOARD</p> <p>410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the chief executive officer failed to ensure</p> | S 322 | | 3/24/15 |

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S 322 | Continued From page 1 implementation of processes in accordance with the hospital policy/procedure (P&P) for Patient Grievances for 1 of 5 medical records (MR) reviewed (MR#3). Findings: 1. Review of the P&P #100508 Patient Complaint Management/Grievance Process indicated under D. Grievance Process, #1. A Grievance Committee will review all grievances...The Grievance Committee includes representation from Regulatory Compliance, Risk Management, Patient Relations, and the affected area(s), #5. Grievances related to situations involving abuse or neglect must be reviewed immediately, and # 6 The grievance, including review, investigation and resolution, is to be completed within seven (7) business days. That same area of the P&P indicated an extension may be approved by the committee. #7 indicated that if an extension was in place, the hospital will contact the patient...indicating a review is in process and a written response will be provided in a stated number of days. The P&P was last approved 4/2/14. 2. Review of facility administrative documentation indicated the family of patient MR#3 sent a grievance on 7/16/14. Email documentation dated Aug. 27, 2014 indicated notice was sent to the family of MR#3 concluding investigation by A5 of the complaint. Records lacked documentation of the grievance committee reviewing or granting an extension of the review. | S 322 | | |
| S 912 | 410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) | S 912 | | 3/24/15 |

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| S 912 | <p>Continued From page 2</p> <p>(iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure standards of nursing care were followed for oral care and 1 hospital policy/procedure (P&P) for Medication</p> | S 912 | | |

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| S 912 | <p>Continued From page 3</p> <p>Reconciliation for 2 of 5 medical records (MR) reviewed (MR#1, MR#3).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the P&P #151777 Medication/Order Reconciliation - Admission, Post-Operatively, Transfer, and Discharge, last approved 9/29/14, indicated in the Policy Statement: All patients will have their medications reconciled within 24 hours of admission. 2. Review of MR#1 indicated the patient was admitted on 6/22/14 and lacked documentation that the home medication reconciliation was completed within 24 hours of admission. 3. On 1/8/15 at 2:45pm S1, Clinical Informatacist, indicated the home medication list should be obtained upon initial assessment (IA) by the nurse and that the initial medication reconciliation of MR#1 was not documented. 4. On 1/8/15 at 12:00pm A1, Risk Manager, indicated the hospital did not have a policy/procedure (P&P) for each nursing activity, such as oral care, but instead used nursing standards per Lippencott's Nursing Procedures 2013 and online access was provided. 5. Review of hospital policy statement indicated the following: Nurse: Check "Policy Manager" first to determine if the procedure you are looking for is a hospital policy. If a hospital policy does not exist for the procedure, our official reference is Lippencott's Nursing Procedures 2013. 6. Review of Lippencott's Nursing Procedures 2013 indicated oral care is commonly performed in the morning, at bedtime, and after meals. | S 912 | | |

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| S 912 | Continued From page 4 7. Review of MR#3 Patient Care Flowsheet indicated oral care was provided as follows: 6 times on 5/14/15 at 13:15, 15:15, 17:15, 19:00, 21:00, and 23:00; 9 times on 5/15/14 at 01:00, 03:00, 05:00, 08:30, 11:00, 15:30, 19:00, 21:00, and 23:00; 3 times on 5/16/14 at 01:00, 02:10, and 11:18; and 1 time on 5/19/14 at 06:40. 8. On 1/9/15 at 10:45am, S1 confirmed lack of documentation of oral care in MR#3. | S 912 | | |